## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10/47340

| CLAIMS AS FILED - PART I<br>(Column 1)                                                |                                                |                                             |                  |                               |                     | (Column 2)       |        | SMALL ENTITY TYPE   |                        | OR    | OTHER THAN<br>SMALL ENTITY |                        |
|---------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------|------------------|-------------------------------|---------------------|------------------|--------|---------------------|------------------------|-------|----------------------------|------------------------|
| TOTAL CLAIMS 7                                                                        |                                                |                                             |                  |                               |                     |                  |        | RATE                | FEE                    | 1     | RATE                       | FEE                    |
| FOR                                                                                   |                                                |                                             | NUMBER FILED     |                               | NUMBER EXTRA        |                  |        | BASIC FEE           | 375.00                 | OR    | BASIC FEE                  | 750.00                 |
| ΤO                                                                                    | TAL CHARGEA                                    | BLE CLAIMS                                  | 9 minus 20=      |                               | . 6                 |                  |        | X\$ 9=              |                        | OR    | X\$18=                     |                        |
| INC                                                                                   | EPENDENT CL                                    | AIMS                                        | Q minus 3 =      |                               | · Ø                 |                  |        | X42=                |                        | OR    | X84=                       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                      |                                                |                                             |                  |                               |                     |                  |        | +140=               | <u></u>                | OR    | +280=                      | 280                    |
| * If the difference in column 1 is less than zero, enter                              |                                                |                                             |                  |                               | "0" in c            | olumn 2          |        | TOTAL               |                        | OR    | TOTAL                      | 1160                   |
| CLAIMS AS AMENDED - PART II                                                           |                                                |                                             |                  |                               |                     |                  |        |                     |                        |       | OTHER                      | THAN                   |
|                                                                                       | 11/29/64                                       | (Column 1)                                  |                  | (Column 2) (C                 |                     |                  | 1 .    | SMALL               | ENTITY                 | OR    | SMALL                      | ENTITY                 |
| AMENDMENTA                                                                            |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                  | NUMI<br>PREVIC<br>PAID        | BER<br>OUSLY        | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                          | * of                                        | Minus            | **3                           | 0                   | =                |        | X\$ 9=              | , '                    | OR    | X\$18=                     |                        |
| AME                                                                                   | Independent                                    | · 2                                         | Minus            | *** &                         | 3                   | =                |        | X42=                |                        | OR    | X84=                       |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                        |                                                |                                             |                  |                               |                     |                  |        | +140=               |                        | OR    | +280=                      |                        |
|                                                                                       |                                                |                                             |                  |                               |                     |                  | Ĺ      | TOTAL<br>ADDIT. FEE |                        | OR    | TOTAL<br>ADDIT, FEE        |                        |
| (Column 1) (Column 2) (Column 3)                                                      |                                                |                                             |                  |                               |                     |                  |        |                     |                        |       |                            |                        |
| AMENDMENT B                                                                           |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY        | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                          | •                                           | Minus            | ##                            |                     | =                |        | X\$ 9≈              |                        | OR    | X\$18=                     |                        |
|                                                                                       | Independent                                    | *                                           | Minus            | ***                           |                     | =                | ]      | X42=                |                        | OR    | X84=                       |                        |
| Ľ                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                             |                  |                               |                     |                  | J      | +140=               |                        | OR    | +280=                      |                        |
|                                                                                       |                                                |                                             |                  |                               |                     |                  |        |                     |                        |       | TOTAL                      |                        |
| ADDIT FEE ADDIT                                                                       |                                                |                                             |                  |                               |                     |                  |        |                     |                        |       | ADDIT. FEE                 |                        |
| AMENDMENT C                                                                           |                                                | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                  | HIGH<br>NUM<br>PREVIO<br>PAID | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                          | *                                           | Minus            | **                            |                     | =                |        | X\$ 9=              |                        | OR    | X\$18=                     |                        |
|                                                                                       | Independent                                    | *                                           | Minus            | ***                           |                     | =                | ]      | X42=                |                        | OR    | X84=                       |                        |
| Ĺ                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                             |                  |                               |                     |                  |        |                     |                        |       |                            |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                                |                                             |                  |                               |                     |                  |        | +140=<br>TOTAL      |                        | OR    | +280=<br>TOTAL             |                        |
|                                                                                       | If the "Highest Nu                             | mber Previously P<br>mber Previously P      | aid For" IN THI  | S SPACE I                     | s less tha          | n 3, enter "3."  | ,      | ADDIT. FEE          |                        |       | ADDIT. FEE                 |                        |
|                                                                                       | The "Highest Nun                               | nber Previously Pa                          | id For" (Total o | Independ                      | ent) is the         | nighest numb     | er tou | ind in the app      | oropriate box          | IN CO | iumn 1.                    |                        |